# Maryland State Employees/Retirees Health Benefits Program JANUARY-JUNE 2005 BENEFITS SUMMARY

### Open Enrollment: December 6 - December 22, 2004

Call: Interactive Voice Response (IVR) 410-669-3893 or 1-888-578-6434/TTY 410-333-5244
24 hours a day, 7 days a week during Open Enrollment

This summary provides you with basic information on the Health Benefit plans and premium rates for January - June 2005 in lieu of a Summary of Benefits booklet. Visit our website, www.dbm.maryland.gov, during Open Enrollment for additional health benefits information.

PLEASE READ CAREFULLY.

### Benefits & Rates for January 1, 2005 - June 30, 2005:

Please refer to your attached Open Enrollment Benefits Statement for personalized information on your current Year 2004 benefits. As explained further in this flyer, only some of those benefits elections will roll over into the new January through June coverage period if you do not use the IVR.

The benefits and premium rates described in this flyer are effective for the six-month period of January 1, 2005 - June 30, 2005. If you want to cancel a benefit plan, change your benefits, or newly enroll in a benefits plan from January 1, 2005 - June 30, 2005, please follow the instructions on your personalized Statement during this Open Enrollment period of December 6, 2004 - December 22, 2004.

The plan year for benefits is changing to a July through June plan year beginning July 1, 2005. There will be another Open Enrollment period in Spring 2005 for you to make new benefits choices for the period of July 1, 2005 - June 30, 2006. All plan changes and new premium rates will be available on the website for the Spring 2005 Open Enrollment Period. These changes will allow our benefits plan year to coincide with the State of Maryland's fiscal year.

### New Dental Plan Available Effective January 1, 2005 - June 30, 2005:

Effective January 1, 2005 the State will be offering a dental PPO plan through United Concordia. Members may use participating and/or nonparticipating dentists at any time. Please refer to our website <a href="www.dbm.maryland.gov">www.dbm.maryland.gov</a> for additional information.

### At this time the following information can be found on our website:

- New Dental Fee Schedules for all 3-dental plans:
  - Dental Benefits Provider-Dental HMO (DHMO)
  - United Concordia-Dental HMO (DHMO)
  - United Concordia—Dental PPO
- Revised Listing of plan telephone numbers and website addresses
- New Bi-weekly and Monthly premium rates for January 1, 2005 June 30, 2005
- New Direct Pay/COBRA Monthly Premium Rates for January 1, 2005 June 30, 2005
- Revised Dependent Documentation Chart and required documentation forms:
  - 3 new Dependent Affidavits (required to match the new Federal Tax Law definition of a dependent, effective January 1, 2005)
  - Revised Student Certification Form
  - Revised Change of Address Form
- Enrollment Worksheets for Active/Satellite employees, Retirees and Direct Pay enrollees.

#### To continue enrollment in the following plans please pay close attention to this information:

#### **Dental Plan**

Effective January 1, 2005 the State of Maryland will no longer offer the United Concordia - POS plan. If you are enrolled in the United Concordia - POS dental plan and wish to have a dental plan effective January 1, 2005, **you must enroll** in one of the three dental plans offered during this Open Enrollment. The State will be offering 2 Dental HMO plans and 1 NEW Dental PPO plan.

# Flexible Spending Account

Tax-free accounts for reimbursement of eligible medical or daycare expenses for yourself or eligible dependents (Active Employees only)

Due to the abbreviated 6-month plan year of January 1, 2005 - June 30, 2005, all flexible spending account deductions must be used for **only claims or expenses incurred from January 1 - June 30, 2005.** You will need to file any reimbursement requests for this period by October 15, 2005. **Plan your deductions carefully with this limited 6-month period in mind.** Otherwise, you will not be able to change your deductions or get a refund.

#### Plan design changes effective January 1, 2005 - June 30, 2005:

#### **Medical Plan**

The following plan changes pertain to all PPO, POS and HMO Medical Plans

- Cardiac Rehabilitation: Benefits after heart attack, angioplasty, heart valve surgery, stable
  angina pectoris, compensated heart failure, Coronary Artery Bypass Graft surgery
- Office Visit Copays: \$15 Primary Care Visit; \$25 Specialist Visit
- Physical/Occupational/Speech Therapies: \$25 copay/visit, all therapies require pre-certification
- Emergency Room (ER) Visit: \$50 copay for ER Facility care; \$50 copay for ER Physician care
- Urgent Care Center Visit: \$20 copay
- Well Baby Care Visits: 8 visits within total span of Birth to 2 years

#### No plan design changes for January 1, 2005 - June 30, 2005:

|  | , ,  |
|--|--|
| Prescription Plan                          | Prescription drug coverage: no changes to design, including no change to current copays.   |
| Mental Health<br>Substance Abuse<br>Plan   | Coverage for treatment of mental health disorders and substance abuse: If you choose PPO or POS medical plans, any mental health and substance abuse treatment will be coordinated by the mental health/substance abuse plan (APS Healthcare). If you choose an HMO medical plan, your mental health/substance abuse treatment will be coordinated through your HMO. |
| Term Life Insurance                        | Up to \$50,000 in coverage without Medical Review. Up to \$300,000 in coverage with Medical Review. Coverage is also available for dependent(s) up to one half the amount of the employee's coverage. Retirees can continue their coverage from active employment into retirement, provided there is no break in coverage.   |
| Accidental Death & Dismemberment Insurance | Lump sum payment if you suffer dismemberment or death due to an accident (For Active employees only)   |
| Vision Benefits                            | Vision benefits are included under all PPO, POS and HMO Medical plans  |
| Long Term Care                             | Coverage for Nursing Home Care, Assisted Living Care, Adult Day Care etc. for covered members with Activities-of-Daily-Living certified disabilities.  |
|  |  |

<sup>\*\*</sup>Please refer to your current 2004 Summary of Benefits booklet for plan details, or visit our website, www.dbm.maryland.gov.

#### CHANGES TO COVERAGE FOR YOUR DEPENDENTS BEGINNING JANUARY 1, 2005

#### The new requirements are due to changes in the Federal tax law effective January 1, 2005.

- All dependent children must live with you:
  - Natural/biological and adopted children must live with you for more than half of the year. (If your natural biological or adopted child does not live with you for more than half of the year, see the box below).
  - Stepchildren must live with you all year.
  - Other dependent children (e.g., grandchildren, legal wards, cousins, siblings, nieces or nephews) must live with you all year.
- Dependent children who are full-time students may be covered through the end of the calendar year they turn 23. The
  student status requirement begins the calendar year a dependent child will turn 19. This means that if your dependent
  will turn 19 during calendar year 2005 (on or before December 31, 2005), the student status requirement must be satisfied for all of calendar year 2005 in order for your dependent to be eligible.
- Dependent children cannot provide over one-half of their own support. Educational scholarships do not count.
- Dependent children who are not your natural/biological children, adopted children or stepchildren cannot be claimed as the tax dependent of any other person for the tax year the children are covered.

# If your natural/biological or adopted child does not live with you for more than half the year, the following requirements must be met:

- (1) the child receives over half of the child's support during the calendar year from the child's parents;
- (2) the child is in the custody of one or both parents for more than half of the year; AND
- (3) the child's parents:
  - a. are divorced or legally separated under a decree of divorce or separation order signed by a judge,
  - **b.** are living separately under a written separation agreement, or
  - **c.** live apart at all times for the last six (6) months of the calendar year.

### January - June 2005 Premium Rates for Term Life Insurance

| Age of Employee | Bi-Weekly Rate<br>(per \$10,000) | Monthly Rate<br>(per \$10,000) | Age of Spouse | Bi-Weekly<br>Spouse Rate<br>(per \$5,000) | Monthly<br>Spouse Rate<br>(per \$5,000) |  |
|-----------------|----------------------------------|--------------------------------|---------------|---|---|--|
| Under 20        | .29                              | .58                            | Under 20      | .31                                       | .62                                     |  |
| 20 to 29        | .29                              | .58                            | 20 to 29      | .31                                       | .62                                     |  |
| 30 to 34        | .35                              | .70                            | 30 to 34      | .34                                       | .68                                     |  |
| 35 to 39        | .46                              | .92                            | 35 to 39      | .42                                       | .84                                     |  |
| 40 to 44        | .72                              | 1.43                           | 40 to 44      | .62                                       | 1.24                                    |  |
| 45 to 49        | 1.16                             | 2.32                           | 45 to 49      | .96                                       | 1.92                                    |  |
| 50 to 54        | 1.88                             | 3.75                           | 50 to 54      | 1.44                                      | 2.87                                    |  |
| 55 to 59        | 3.24                             | 6.48                           | 55 to 59      | 2.23                                      | 4.45                                    |  |
| 60 to 64        | 4.68                             | 9.36                           | 60 to 64      | 3.41                                      | 6.82                                    |  |
| 65 to 69        | 6.99                             | 13.98                          | 65 to 69      | 4.96                                      | 9.92                                    |  |
| 70 to 74        | 12.51                            | 25.02                          | 70 to 74      | 7.80                                      | 15.60                                   |  |
| 75 to 79        | 24.47                            | 48.94                          | 75 to 79      | 7.80                                      | 15.60                                   |  |
| 80 and older    | 0 and older 24.47 48.94          |                                | 80 and older  | 7.80                                      | 15.60                                   |  |

Please refer to your current 2004 Summary of Benefits booklet for plan details.

# State of Maryland Premium Rate Table

# For January 1, 2005 - June 30, 2005

| Medical Plans                   | Biweekly Me | dical Premiums |            | Monthly Med | Monthly Medical Premiums |            |  |  |
|---------------------------------|-------------|----------------|------------|-------------|--------------------------|------------|--|--|
| Name of Plan                    | 1 Person    | 2 People       | 3 + People | 1 Person    | 2 People                 | 3 + People |  |  |
| Blue Cross Blue Shield<br>(PPO) | 37.07       | 66.72          | 92.68      | 74.14       | 133.44                   | 185.35     |  |  |
| MLH-Eagle (PPO)                 | 33.17       | 59.71          | 82.94      | 66.34       | 119.42                   | 165.87     |  |  |
| Aetna Quality (POS)             | 20.90       | 37.62          | 52.26      | 41.80       | 75.24                    | 104.51     |  |  |
| BCBS - Maryland (POS)           | 22.34       | 40.21          | 55.84      | 44.67       | 80.41                    | 111.68     |  |  |
| M.D.IPA Preferred (POS)         | 22.71       | 40.87          | 56.77      | 45.41       | 81.74                    | 113.54     |  |  |
| Blue Choice (HMO)               | 20.33       | 42.66          | 52.86      | 40.66       | 85.32                    | 105.71     |  |  |
| Kaiser Permanente (HMO)         | 18.06       | 36.11          | 45.23      | 36.11       | 72.22                    | 90.45      |  |  |
| Optimum Choice (HMO)            | 19.66       | 40.89          | 48.75      | 39.32       | 81.77                    | 97.50      |  |  |

| Prescription Plan<br>Coverage Level | Biweekly Prescription Premium | Monthly Prescription Premium |
|-------------------------------------|-------------------------------|------------------------------|
| Employee/Retiree Only               | \$ 19.84                      | \$ 39.68                     |
| Employee/Retiree & One Child        | \$ 26.37                      | \$ 52.74                     |
| Employee/Retiree & Spouse           | \$ 32.93                      | \$ 65.86                     |
| Employee/Retiree & 2 or More        | \$ 39.68                      | \$ 79.36                     |

| Dental Plans<br>Coverage Level  | Biweekly Dental F<br>Dental Benefit<br>Providers DHMO | United Concordia | United Concordia<br>DPPO | Monthly Dental Properties Dental Benefit Providers DHMO | United Concordia | United Concordia<br>DPPO |
|---------------------------------|---|------------------|--------------------------|---|------------------|--------------------------|
| Employee/Retiree Only           | \$ 3.35   | \$ 3.45          | \$ 5.14                  | \$ 6.70   | \$ 6.90          | \$ 10.28                 |
| Employee/Retiree & One<br>Child | \$ 6.70   | \$ 6.01          | \$ 9.82                  | \$ 13.40  | \$ 12.02         | \$ 19.63                 |
| Employee/Retiree & Spouse       | \$ 7.38   | \$ 6.91          | \$ 10.28                 | \$ 14.75  | \$ 13.82         | \$ 20.55                 |
| Employee/Retiree & 2 or More    | \$ 11. <i>7</i> 3                                     | \$ 9.71          | \$ 19.25                 | \$ 23.45  | \$ 19.42         | \$ 38.49                 |

# 2005 AD&D Plan Rates

| Plan<br>Coverage Level | Employee Only<br>Biweekly | Employee + Family<br>Biweekly | Employee Only<br>Monthly | Employee + Family<br>Monthly |  |
|------------------------|---------------------------|-------------------------------|--------------------------|------------------------------|--|
| \$100,000              | \$ 0.90                   | \$ 1.65                       | \$ 1.80                  | \$ 3.30                      |  |
| \$200,000              | \$ 1.80                   | \$ 3.30                       | \$ 3.60                  | \$ 6.60                      |  |
| \$300,000              | \$ 2.70                   | \$ 4.95                       | \$ 5.40                  | \$ 9.90                      |  |

# State of Maryland Retiree Monthly Premium Rate Table

# For January 1, 2005-June 30, 2005

|                                    | Medica          | l Premiums wit     | hout Medicar        | e                      |                                  | Medical Premiums with Medicare     |  |                                    |                                    |  |  |
|------------------------------------|-----------------|--------------------|---------------------|------------------------|----------------------------------|------------------------------------|--|------------------------------------|------------------------------------|--|--|
| Medical<br>Plans                   | Retiree<br>Only | Retiree &<br>Child | Retiree &<br>Spouse | Retiree &<br>2 or More | Retiree<br>Only with<br>Medicare | Retiree +<br>1, 1 with<br>Medicare | Retiree + 1,<br>Both<br>with<br>Medicare | Retiree +<br>2, 1 with<br>Medicare | Retiree +<br>2, 2 with<br>Medicare | Retiree + 2<br>or more<br>All with<br>Medicare | Retiree + 3<br>or more, 1,<br>2, or 3 with<br>Medicare |
| Blue Cross<br>Blue Shield<br>(PPO) | 74.14           | 133.44             | 133.44              | 185.35                 | 37.07                            | 111.19                             | 74.14                                    | 170.50                             | 148.27                             | 111.19   | 185.35   |
| MLH-EAGLE<br>(PPO)                 | 66.34           | 119.42             | 119.42              | 165.87                 | 33.18                            | 99.51                              | 66.34                                    | 152.59                             | 132.69                             | 99.51  | 165.87   |
| Aetna Quality<br>(QPOS)            | 41.80           | 75.24              | 75.24               | 104.51                 | 20.90                            | 62.69                              | 41.80                                    | 96.14                              | 83.60                              | 62.69  | 104.51   |
| BCBS<br>Maryland<br>(POS)          | 44.67           | 80.41              | 80.41               | 111.68                 | 22.33                            | 67.01                              | 44.67                                    | 102.75                             | 89.34                              | 67.01  | 111.68   |
| M.D.IPA<br>Preferred<br>(POS)      | 45.41           | 81.74              | 81.74               | 113.54                 | 22.71                            | 68.12                              | 45.41                                    | 104.45                             | 90.83                              | 68.12  | 113.54   |
| BlueChoice<br>(HMO)                | 40.66           | 85.32              | 85.32               | 105.71                 | 20.04                            | 60.37                              | 44.04                                    | 100.70                             | 64.23                              | 55.09  | 100.22   |
| Kaiser<br>(HMO)                    | 36.11           | 72.22              | 72.22               | 90.45                  | 23.94                            | 60.05                              | 47.89                                    | 90.46                              | 84.00                              | 71.83  | 90.45  |
| Optimum<br>Choice<br>(HMO)         | 39.32           | 81.77              | 81.77               | 97.50                  | 25.97                            | 65.28                              | 51.93                                    | 97.50                              | 89.15                              | 77.89  | 97.50  |

NOTE: Rates for the Medical, Prescription, and Dental Plans are based on 16 years of Credible State service. The amount the State subsidizes varies by years or creditable service, if the retiree has less than 16 full years of credible service. Therefore, the amount of money deducted from your retirement check may be more than what is shown on both pages for Medical, Prescription and Dental premium rates. Retirees of the Optional Retirement Program (ORP) may also have premium rates that vary from these rates.

#### PLAN TELEPHONE NUMBERS AND WEBSITES

#### **Medical Plans**

#### **CareFirst Blue Cross Blue Shield PPO**

State Operations Center
(410) 581-3601 (Baltimore)
1-800-225-0131 (Outside Baltimore)
(410) 998-7338 TTY/TDD

Open Enrollment Hotlines
 (410) 581-3602 (Baltimore)
 1 000 050 4442 (Open J. P.)

1-800-852-4463 (Outside Baltimore)

Website: www.carefirst.com/statemd

#### CareFirst Blue Cross Blue Shield Maryland POS

State Operations Center
 (410) 581-0021 (Baltimore)
 1-800-203-2763 (Outside Baltimore)
 (410) 998-7338 TTY/TDD

Open Enrollment Hotlines
(410) 581-3602 (Baltimore)
1-800-852-4463 (Outside Baltimore)

Website: www.carefirst.com/statemd

#### CareFirst Blue Cross Blue Shield BlueChoice HMO

(410) 654-8675 (Baltimore) 1-800-445-6036 (Within Maryland) (410) 605-2492 TTY/TDD 1-800-828-3196 TTY/TDD

Website: www.carefirst.com/statemd

#### Kaiser Permanente HMO

1-800-777-7902 (Baltimore) (443) 663-6181 (Baltimore) (301) 468-6000 (Washington) 1-800-368-5784 (Washington) (410) 339-5545 TTY/TDD (Baltimore) (301) 816-6344 TTY/TDD (Washington)

Website: www.KaiserPermanente.org

#### **Aetna QPOS**

1-800-501-9837 1-800-501-9837 TTY/TDD **Website: www.aetna.com** 

#### **MLH-EAGLE PPO (MAMSI)**

1-800-447-6267 (301) 309-1710 TTY/TDD **Website: www.Mamsi.com** 

#### M.D. IPA Preferred POS (MAMSI)

1-800-447-6267 (301) 309-1710 TTY/TDD **Website: www.Mamsi.com** 

#### Optimum Choice HMO (MAMSI)

1-800-447-6267 (301) 309-1710 TTY/TDD **Website: www.Mamsi.com** 

### **Prescription Plan**

#### **Caremark PCS**

1-800-345-9384

Website: https://maryland.advancerx.com

#### **Dental Plans**

#### **Dental Benefits Providers DHMO**

1-877-566-3562

Website: www.dbp-inc.com

#### United Concordia DHMO and DPPO

1-888-MD-TEETH (1-888-638-3384)

Website: www.ucci.com

#### Mental Health/Substance Abuse Plan

#### APS Healthcare, Inc. (APS)

1-877-239-1458

**Website: www.APSHelpLink.com**MD State Code: SOM2002

### **Long Term Care Plan**

#### Unum Life Insurance Co.

1-800-227-4165

Website: www.unumprovident.com/enroll/maryland

#### **Accidental Death and Dismemberment**

#### Metropolitan Life Insurance Co.

1-888-842-2757

Website: www.metlife.com

#### Term Life Insurance Plan

#### Standard Insurance Co.

1-888-246-9002

Website: www.standard.com/mybenefits/maryland

# Flexible Spending Account Administration

#### CompuSys/Erisa Group, Inc.

1-888-966-FLEX (3539)

Website: www.flexmd.org

## **Employee Benefits Division**

301 West Preston Street, Room 510, Baltimore, MD 21201 (410) 767-4775

1-800-30-STATE (1-800-307-8283)

Website: www.dbm.maryland.gov (Click on "Employee Services")